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ABSTRACT

Depression in adolescence typically has a debilitating toll in terms of academic and social functioning, and it predicts a variety of negative outcomes later. Previous research points out that once on a depressed trajectory in development, an individual becomes more likely to stay on this course because of the tendency to both alienate and withdraw from the very social supports that can minimize negative effects of depression. The need for early intervention is clear, and with this in mind, this study explores the relationship between depressive symptomatology and academic factors, including grades, standardized test scores, teacher ratings of achievement, and motivation. The authors also look at school factors that are more social in nature, specifically classroom involvement, affiliation, and dating status. It is hypothesized that those adolescents who have the most depressive symptoms, as measured by the Beck Depression Inventory, will be more troubled academically. (GCP)

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Depressed Mood in Adolescence: Who Goes Unnoticed?

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Psychologists have identified adolescence as a time of heightened risk for depression, more so than childhood or adulthood (Allgood-Merton et al., 1990), and more so now than in generations before (Kessler et al., 1994; Lewinsohn et al., 1994). Depression in adolescence typically has a debilitating toll in terms of academic and social functioning (Hammen & Compas, 1994), and it predicts a variety of negative outcomes later: academic problems, marital difficulties, delinquency, unemployment, drug involvement, medical hospitalization, car accidents, arrests, and criminal conviction (Lewinsohn et al., 1994). Rice & Meyer (1994) estimate that 12-15% of youth under the age of 18 experience emotional and behavioral problems serious enough to justify treatment, yet 70-90% of those adolescents don't receive it.

Peterson et al. (1993) divide depressive experiences into three levels: depressed mood, depressive syndrome, and clinical depression. A depressed mood is often in response to many situations and is a normal reaction characterized by sadness, unhappiness, and blue feelings. An adolescent with a depressive syndrome (a group of characteristic behaviors that are correlated with each other) usually cries often, fears doing bad things, feels the need to be perfect, believes others are out to get him, and feels worthless, nervous, unloved, lonely, fearful, guilty, self-conscious, suspicious, sad, and worried. This syndrome is also related to withdrawal, somatic complaints, social problems, thought problems, attention problems, delinquent behavior, and self-destructive or aggressive behavior (Peterson et al. 1993). Peterson et al. (1993) state that measures of depressed mood and syndromes identify large numbers of adolescents who don't meet the criteria for a DSM diagnosis. Compas, Ey, & Grant (1992) suggest that clinical depression may only represent a subgroup of a larger population of adolescents who are troubled.

Correlates of depression in adolescents have been extensively identified in the research literature (Peterson et al., 1993; Allgood-Merton et al., 1990; Lewinsohn et al., 1994). A prospective study of high school students found the following correlates of depression: history of current and past psychopathology (especially anxiety and substance use), possible past

suicide attempt, depressotypic cognitive style (pessimism and internal, stable, and global attributional style), negative body image, low self-esteem, excessive emotional dependence on others, self-consciousness, less effective coping mechanisms, less social support from friends and family, and cigarette smoking. Of these, only the cognitive variables (pessimism, attributional style, self-esteem, self-consciousness, and coping skills) were identified as risk factors as well (Lewinsohn et al., 1994).

Research also shows that there may be some relation between delinquency, grade declines, and depression in adolescent boys (Peterson et al., 1993). Lewinsohn et al. (1994) showed that conflict with parents, dissatisfaction with grades, failure to do homework, and current miscellaneous diagnoses were "triggers" for depression in adolescents. Indeed, academic trouble in school is often used as an indicator of risk for teachers and mental health professionals working in schools.

Peterson et al. (1993) point out that once on a depressed trajectory in development, an individual becomes more likely to stay on this course because of the tendency to both alienate and withdraw from the very social supports that can minimize negative effects of depression. The need for early intervention is clear, and with this in mind, our study explores the relationship between depressive symptomatology and academic factors, including grades, standardized test scores, teacher ratings of achievement, and motivation. We also looked at school factors that were more social in nature, specifically classroom involvement, affiliation, and dating status. We hypothesize that those adolescents who have the most depressive symptoms, as measured by the Beck Depression Inventory, will be more troubled academically.

METHOD

Seven hundred four (704) adolescents in 6th, 8th, 10th, and 12th grades from predominantly moderate SES middle (3 schools) and (2) high schools in the San Francisco Bay Area each completed a 90-minute battery of measures, selected to elicit a wide range of information about psychological, social and demographic factors. For the purposes of creating clearly depressive

vs. clearly non-depressive sample groups, students' scores on the Beck Depression Inventory (Beck, 1971) were used as a sorting factor. Students with a BDI score of 8 or below, or those scoring 20 or above, were retained in our truncated sample, representing non-depressive adolescents and adolescents with highly depressed mood, respectively. (The remaining students, 35% of the total sample, scored between 8 and 20 and were eliminated from the analyses.) While we recognize the limits of the BDI to accurately screen for clinical depression (Kendall et al., 1995), we used the measure as a tool to identify a broader group of troubled adolescents.

Our final sample (n=459) was made up of 399 "non-depressives" (87%) and 60 "highly depressives" (13%). The sample was ethnically diverse, including 63% Caucasians, 15% Asians, 10% Latinos, 3% African Americans, 3% Middle Eastern, 3% Southeast Asian / Pacific Islanders, 3% other. Mean socio-economic index scores for the fathers of the depressive and non-depressive teens in this sample were 53.9 and 64.7, respectively (100 point scale; Nakao-Treas, 1994). Mean SES for the mothers of the depressive and non-depressive teens in this sample were 53.8 and 56.3, respectively. Eighty-three percent of the sample lived in 2-parent households, 17% lived in one-parent households. The sample included 108 6th graders, 180 8th graders, 101 10th graders, and 70 12th graders. The sample was biased in favor of high-achieving students: 14% were rated by their teachers as superior achievers, 28% as high-achievers, 23% as moderately high, 24% as average, and 11% as below average achievers.

Measures included for the purpose of this study were: 1) Cumulative Grade Point Averages (obtained from school records); 2) Standardized Test Scores (obtained from school records); 3) Teacher Ratings of students' academic performance; 4) the Classroom Environment Scale and subscales (Moos, 1989); 5) Harter's "In the Classroom" motivation scale (Harter, 1980); 7) the Beck Depression Inventory (Beck, 1971). Demographics factors used in analyses were: gender, ethnicity, and dating status.

PRELIMINARY RESULTS

A series of two-way ANOVAS was run on each of the measures discussed above, with depression group membership (2 levels) as one factor and gender (2 levels) as the other. Additionally, chi square analyses were performed on nominal data (teacher ratings, gender, ethnicity, dating status).

Membership in the "highly depressive" group was significantly associated with being female ($X^2_{1,459} = 14.1$, $p < .0002$). Of those in the depressive group, 71% were female versus only 29% male. Among the "non-depressives", 45% were female versus 55% male.

Membership in the depressive group was not significantly associated with being an ethnic minority, nor was it substantially correlated with socio-economic status ($r = -.13$). It was, however, strongly associated with dating status ($X^2_{1,407} = 15.3$, $p < .0001$), a somewhat surprising result. Of those teens occupying the "depressive" group, 63% characterized themselves as dating "fairly often" ("more than once or twice a month"), versus 37% who characterized themselves as dating "infrequently" ("less than once or twice a month"). The opposite balance held true for the non-depressive group: 34% of this group dated fairly often, as opposed to 66% who dated infrequently.

In the overall arena of academic performance, depressives lagged significantly behind their non-depressive counterparts. In terms of cumulative GPA, the depressive group fell significantly below the non-depressive group. [Overall group means (by gender) are in the Table below.] The same picture emerged with respect to standardized test scores: depressives were significantly lower than non-depressives. Teacher ratings of student performance were consistent with these measures ($X^2_{2,430} = 18.4$, $p < .0001$), with 19% of depressives in this academically skewed sample designated by their teachers as "superior" or "high achieving," versus 45% of non-depressive students. Likewise, 60% of the depressive students were designated by their teachers as "average" or "below average" in achievement, versus 32% of the non-depressive students.

ANOVA Results. x Depressive Group x Gender	Highly Depressive		Non-Depressive		*F values*
	Boys	*Girls*	*Boys*	*Girls*	
Cum GPA	2.2	2.6	2.8	3.2	17.2***
Standardized Test Scores	0.51	0.62	0.67	0.76	9.1*
Motivation	2.3		2.8		18.4***

*** p<.0001; ** p<.001; * p<.01; † p<.05

The motivational subscales of Harter's "In the Classroom" measure were consonant with these findings. In the Preference for Challenge scale, depressive youths again lagged behind their non-depressive counterparts ($F_{1,1,1,432} = 18.4$, $p < .0001$). Overall group means were as follows (no gender effects): depressives: X = 2.3; non-depressives: X= 2.8. Three (of four) other subtests of the Harter inventory also showed depressives to lag behind their non-depressive peers in measures of Curiosity/ Interest ($F_{1,1,1,430} = 17.6$, $p < .0001$), Independent Mastery ($F_{1,1,1,433} = 18.8$, $p < .0001$), and Internal Criteria ($F_{1,1,1,433} = 18.8$, $p < .0001$).

Depressive teens also experienced the classroom environment somewhat differently from non-depressive teens. Classroom Environment Scale ratings find depressive teens to be significantly less involved than their non-depressive counterparts (CES Involvement: $F_{1,1,1,382} = 6.8$, $p < .01$), and to feel less affiliated with other students in the classroom (CES Affiliation: $F_{1,1,1,391} = 9.1$, $p < .01$). Perhaps even more troublesome, they felt less teacher support than did non-depressive teens (CES Teacher Support scale: $F_{1,1,1,381} = 4.3$, $p < .05$).

While the differences in achievement and motivation are not surprising in these data, the number of highly depressive adolescents who, by their academic engagement and outward appearance to teachers and other adults would not appear to be at risk, *are* surprising. Of those with BDI scores of 20 or above, one-fifth were rated by teachers as "superior" or "high-achieving," and almost two-thirds characterized themselves as dating more than once or twice a

month. The efforts to help typical "depressed teens" who have poor grades and/or are socially isolated would clearly miss this sizable minority of adolescents suffering from depressive symptoms. This study serves to remind all teachers and mental health professionals that while many troubled adolescents can be identified by academic failure, there are others who go unnoticed. Subsequent analyses will investigate the differences between the high-achieving depressed group and the non-depressed high-achievers.

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